

NAME: _____

SSN: _____

NAVAL MEDICAL CLINIC QUANTICO
SUITABILITY SCREENING EFMP QUESTIONNAIRE
(To be completed by Family Members only)

1. Are you currently receiving an on-going treatment or medication on a regular basis? (I.e. high blood pressure, thyroid condition, audio/speech therapy, migraines, ADD/ADHD)

YES NO N/A. If YES explain:

2. Do you have a medical or educational special need? **YES NO N/A. If YES explain:**

3. Are you receiving treatment for cancer, lupus, leukemia, mental health, asthma or other long term illness? **YES NO N/A**
If YES explain:

4. Are you in a special needs program? **YES NO N/A. If YES explain:**

5. Are you or have been in a residential treatment facility? **YES NO N/A.**
If YES, where and why?

6. Has your sponsor applied for humanitarian reassignment for medical reasons? **YES NO N/A. If YES explain:**

7. Has your sponsor recently considered a hardship discharge for special family medical or educational needs? **YES NO N/A. If YES explain:**

8. Did your sponsor recently have to take an unaccompanied tour because a family member failed an overseas screening? **Yes NO N/A. If YES explain:**

9. Are you receiving medical care through a state program? **YES NO N/A. If YES Explain:**

10. Are you receiving Social Security Supplemental Income (SSI)? **YES NO N/A. If YES explain:**

11. Is your sponsor a geographical bachelor due to family member special or educational need? **YES NO N/A. If YES explain:**
